

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		<b>Complete if Known</b>	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Application Number: 09/929,862	
JUN 03 2005		Filing Date: August 14, 2001	
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.101.		First Named Inventor: Charles L. Shear	
<b>Total Amount of Payment</b> (\$) 2660.00		Examiner Name: Raymond J. Henley III	
<b>METHOD OF PAYMENT</b> (check all that apply)		Art Unit: 1614	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		Attorney Docket No.: PC11025A	

☒ Deposit Account: Deposit Account number 16-1445 Deposit Account Name Pfizer Inc  
 For the above identified deposit account, the Director is authorized to: (check all that apply)  
☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  
☐ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17    ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION**

1. BASIC FILING FEE							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees paid
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims \_\_\_\_\_ - 20 or HP= \_\_\_\_\_ Extra Claims \_\_\_\_\_ Fee (\$)  
 \_\_\_\_\_ x 50 = Fee Paid (\$) \_\_\_\_\_

HP= highest number of total claims paid for, if greater than 20

Indep. Claims \_\_\_\_\_ - 3 or HP= \_\_\_\_\_ Extra Claims \_\_\_\_\_ Fee (\$)  
 \_\_\_\_\_ x \_\_\_\_\_ = Fee Paid (\$) \_\_\_\_\_

HP= highest number of total claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fees Paid (\$)
_____ - 100= _____	_____ /50	_____	_____ (round up to a whole number)	_____	_____

x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge):	
Petition for Five (5) Month Extension of Time	2160.00
Filing a Brief in Support of An Appeal	500.00

**Submitted**

Name (Printed/Type)	A. Dean Olson	Registration No.	31,185	Telephone	(860)441-4904
Signature		(Attorney Agent)	6/1/05		

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file ( and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.